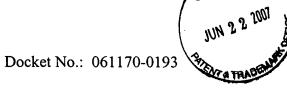
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**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Customer Number: 31824

Kirsty SAWICKA : Confirmation Number: 9256

Application No.: 10/539,094 : Group Art Unit: 1645

Filed: December 19, 2005 : Examiner: Not Yet Assigned

For: MEDICINAL COMPOSITIONS

COMPRISING A CORE AND A FILM BASED ON MODIFIED CELLULOSE DERIVATIVES

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## TRANSMITTAL OF GENERAL POWER OF ATTORNEY

Sir:

Transmitted herewith is a general Power of Attorney which revokes all previous powers of attorney and associates the subject patent with our Customer Number (31824).

Respectfully submitted,

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Please recognize our Customer No. 31824 as our correspondence address.



## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

| Application Number     | 10/539,094                          | 1 |
|------------------------|-------------------------------------|---|
| Filing Date            | December 19, 2005<br>Kirsty SAWICKA |   |
| First Named Inventor   | Kirsty SAWICKA                      |   |
| Title                  | MEDICINAL COMPOSITIONS              |   |
|                        | COMPRISING A CORE AND A FILM        |   |
|                        | BASED ON MODIFIED CELLULOSE         |   |
|                        | DERIVATIVES                         |   |
| Art Unit               | 1645                                |   |
| Examiner Name          | 9256                                |   |
| Attorney Docket Number | 061170-0193                         |   |

| I bearing and  |  | -                       |  |  |  |
|--|--|-------------------------|--|--|--|
| I hereby revoke all previous powers  | of attorney given in the                         | above-identified        | l application.                               |  |  |
| I hereby appoint:  |  |                         |  |  |  |
| Practitioners associated with the Custo  | mer Number:                                      | 31824                   |  |  |  |
| OR   | L  |                         |  |  |  |
| Practitioner(s) named below:   |  |                         | •  |  |  |
| Name   | Name   |                         | Registration Number                          |  |  |
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| as my/our attorney(s) or agent(s) to prosecute<br>Trademark Office connected therewith.                    | e the application identified abo                 | ve, and to transact     | all business in the United States Patent and |  |  |
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| Country  |  |                         |  |  |  |
| Telephone  |  | Email                   |  |  |  |
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| Applicant/Inventor.  |  |                         |  |  |  |
| Assignee of record of the entire interest  |  |                         |  |  |  |
| Statement under 37 CFR 3.73(b) is e  | nclosed. (Form PTO/SB/96)                        |                         |  |  |  |
| Small  | SIGNATURE of Applicant                           | or Assignee of R        | ecord  |  |  |
| Signature UMAN   |  | -                       | Date 12 June 2007                            |  |  |
| Name STEVHEN US  |  |                         | Telephone                                    |  |  |
|  |  | Dilectol                |  |  |  |
| NOTE: Signatures of all the inventors or assignees of forms if more than one signature is required, see be | of record of the entire interest or the<br>low*. | eir representative(s) a | re required. Submit multiple                 |  |  |
| X *Total of 1 forms are submitted  |  |                         |  |  |  |

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